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Submit original and 3 copies to Records Center. One copy will be returned to the originating office when material is accessioned by Records Center. Additional copies may be prepared as indicated by your ARO.				FOR REFERENCE SERVICE ON RECORDS TRANS- FERRED TO STORAGE COMPLETE FORM 490 AND REFER TO ABOVE JOB NUMBER.	
	PART I	(TO BE COMPLETED	BY THE RECORDS	CUSTODIAN)	
To: Chief, Records Center.		FROM: (Office) LOGISTICS		Admin. Staff	
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	PART II (T	O BE COMPLETED BY	THE AREA RECORD	S OFFICER)	
TYPE OF MATERIAL		RECORD		NON-RECORD	
RESTRICTIONS ON USE OF RE	CORDS (If no r	estrictions write	"None")		
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CITE SCHEDULE OR AUTHORIT	Υ				
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Approved For Release 2005/12/23 : CIA-RDP83-01034R000200120002-5